

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for HCPCS Codes L0172 and L0120 for date of service February 15, 2002.
- b. The request was received on April 23, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on June 12, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on June 17, 2002. The response from the insurance carrier was previously received in the Division on June 27, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated April 12, 2002 to ____ that...
 “This claim is being resubmitted because we billed for the ‘PURCHASE’ of a Philadelphia Collar (small) and a Soft Cervical Collar. These claim items should not have been reduced. We felt that you have processed this claim in error. The D.M.E. Fee Guideline clearly shows that the allowable for purchase is the reasonable we billed for on the HCFA-1500 and does not exceed the TWCC fee schedule...”
2. Respondent: The respondent states in the correspondence dated June 27, 2002 that ...
 “...According to the Durable Medical Equipment Ground Rules in the 1996 Medical Fee Guidelines, a copy of which is attached, a fair and reasonable reimbursement shall be the same as the fees set out for the ‘D’ codes in the 1991 Medical Fee Guideline. The health care provider was reimbursed based upon these ‘D’ codes, a copy of which is attached. For D code 0336, the fair and reasonable reimbursement is \$43.85. For D code 0337, the fair and reasonable reimbursement is \$14.95...”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is February 15, 2002.
2. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
02/15/02	L0172	\$195.00	\$43.85	F	DOP \$195.00 - \$43.85 = \$151.15	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted redacted EOBs to support the charges billed for the Philadelphia Collar; therefore reimbursement in the amount of \$151.15 is recommended.
02/15/02	L0120	\$120.00	\$14.95	F	DOP Requestor seeking \$35.00 in additional payment	TWCC Act & Rule Section 134.1(f) MFG, General Instructions (III)(A)	Requestor has submitted letter from physician to support the services rendered as billed. The requestor has submitted redacted EOBs to support the charges billed for the cervical collar; therefore reimbursement in the amount of \$35.00 is recommended.
Totals		\$315.00	\$58.80				The Requestor is entitled to reimbursement in the amount of \$186.15

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$186.15 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18th day of December 2002.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf